STATE OF MONTANA DEPARTMENT OF LIVESTOCK ANIMAL HEALTH DIVISION

Veterinarian:



PO Box 202001 Helena, MT 59620-2001 Phone (406) 444-2043 Fax (406) 444-1929

Date submitted:

Brucellosis Action Plan Testing / Adult Vaccinating Invoice

Address:							
City/State/Zip:							
Phone: Veterinarian Signature						ian Signature	
O	wner or Ranch Name (or Livestock Market) /	Test type:	Test/vacc. reason: 1) Sale 2) Movement	Date tested/ vaccinated	Accession #	Total # tested/	
Owner or Ranch Address (or Market Town)		2) Market	3) 4)	Herd test Adult vacc.	racomatou		vaccinated
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Data way # Tootad ay						# Tested or	
				Rate per head	# rested or AV	Subtotal (\$)	
TOTAL TESTED – ON RANCH (OR AT CLINIC)				\$12.00			
TOTAL TESTED – LIVESTOCK MARKETS				\$7.50			
TOTAL CHUTE FEE - LIVESTOCK MARKETS				\$1.00			
TOTAL ADULT VACCINATED (ON RANCH OR AT CLINIC) \$7.50							
TOTAL INVOICE AMOUNT							
	-SECTION BELC	DW - FOR MONTANA	DEPA	RTMENT OF LIVESTOCK U	SE ONLY-		